

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		1				
5	1					
6	1					
7		3				
8		3				
9		2				
10		1				
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TOTAL IND.	8					
TOTAL DEP.						
TOTAL CLAIMS	17					

	IND	DEP	IND	DEP	IND	DEP
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